



**PHIL BREDESEN**  
GOVERNOR

STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
6<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0375

**LANA C. SEIVERS, Ed.D.**  
COMMISSIONER

MEMORANDUM

TO: Superintendents/Directors of Schools

FROM: Connie Givens  
Director, Office of Coordinated School Health

DATE: July 11, 2007

SUBJECT: Professional Development for CSH Coordinators

The Office of Coordinated School Health (CSH) will be hosting the Ken-Ten Coordinated School Health Institute in collaboration with the Kentucky Departments of Education and Health and the Tennessee Department of Health.

The purpose of the Institute is to provide professional development to school staff hired to establish a successful coordinated school health initiative in your school system. The Institute will be conducted at the Millennium Maxwell House Hotel from September 16-19, 2007 and will be attended by approximately 400 school personnel. Dr. Howell Wechsler, Director of the Division of Adolescent and School Health, Centers for Disease Control and Prevention, will deliver the keynote address on Monday morning, September 17.

I recommend that each system send a team of three people. Your system's CSH coordinator should select two additional school personnel to attend the Institute. All expenses are to be paid from the "Travel" line item of your approved CSH budget.

Prior to the Institute, a reception will be held at the hotel on Sunday evening, September 16. The reception will be sponsored by Blue Cross/Blue Shield of Tennessee. I would like to extend a special invitation to your system's team to attend the reception and the Institute.

You are also invited to attend with your system's team; however, I realize the Superintendent's Study Council occurs on the same dates. If you are attending the Study Council, please be sure to attend Dr. Pat Cooper's address. He will provide a dynamic overview of CSH and share CSH success stories from an administrator's perspective.

Dress for the reception and Institute is business casual.

See the attached Information sheet for more details.

CHG

Enclosures

## Information Sheet

### Institute Objectives:

Participants will gain information on the history and the current status of CSH in Tennessee.  
Participants will be able to list current CSH efforts at the state and local level.  
Participants will gain information about the process of gathering CSH data.  
Participants will review laws and policies that relate to CSH.  
Participants will be able to develop an Action Plan.  
Participants will be able to identify strategies to build collaboration to benefit their local CSH initiative.  
Participants will be able to identify local, state and national school health resources.

Hotel: Millennium Maxwell House Hotel  
Downtown Nashville  
2025 MetroCenter Boulevard  
I-65 North, Exit #85  
\$99.00/night + tax (special Institute rate)  
tax exempt form

Hotel Reservations: 615/259-4343 or 800/ 457-4460 Fax: Guests may fax their reservation to 615/313-1310 using the attached fax information page.

Hotel Web Page: [www.millenniumhotels.com/Nashville](http://www.millenniumhotels.com/Nashville) (enter the group code **TNEDU** where prompted)

Audience: CSH Coordinator and two additional school personnel.

Suggested attendees include the following school personnel: Superintendent/Director of Schools, system-wide health educator, supervisor of physical education/wellness, supervisor of school counseling, supervisor of curriculum and instruction, food service director, director of health services/nurse supervisor, school administrators, or school board members.

Event Host: Tennessee Association for Health, Physical Education, Recreation, and Dance (TAHPERD)

Registration Amount: \$25.00/person non-refundable (this amount will come from CSH travel budget)

Registration: Online at [www.tahperd.us](http://www.tahperd.us)

Registration Deadline: August 15, 2007 (No on-site registration or walk-ins)

Registration Contact: Chris Ayres ([ed@tahperd.us](mailto:ed@tahperd.us)) Telephone # 423/439-5259

Institute Contact: Kristen Broussard [Kristen.Broussard@state.tn.us](mailto:Kristen.Broussard@state.tn.us) 615-532-6277

Dress: Business casual

**General Information:** This is an Institute. Participants should prepare for evening work sessions that will allow the team to develop the system's action plan for school year 2007-2008. A Draft of this Action Plan will be submitted for review at the conclusion of the Institute. Coordinated School Health staff will be available to assist in the development of the plan. All information and instructions necessary to assist teams in completing the Action Plan will be provided. CHES and CEUs will be offered to qualified participants.

### Materials to bring with you:

Laptop computer and formatted CD  
Copy of your system's working Action Plan on CD in MS Word format  
Wellness Policy with goals and objectives on CD

\*\*\*\*\* Door prizes will be awarded at the conclusion of the Institute.

## GUEST RESERVATION REQUEST

TO:	Reservations Department	FROM:	
FAX:	615-313-1310	PAGES	
PHONE:	615-259-4343	DATE:	
RE:	RESERVATION REQUEST	CC:	

GROUP NAME:	Tennessee Department of Education		
GUEST NAME:			
ADDRESS:			
PHONE NUMBER:			
ARRIVAL DATE:			
DEPARTURE DATE:			
ROOM TYPE PREFERENCE:			
CREDIT CARD NUMBER:			
EXPIRATION DATE:		CREDIT CARD TYPE:	

All reservations must be guaranteed for arrival with a valid credit card or one night's room and tax deposit received no later than five (5) business days after reservation is made. The cancellation policy for this group is 48 hours. To avoid cancellation fee equal to one night's room and tax, you must cancel your reservation by 4 PM CST two (2) days prior to your arrival date noted above.

Room type preferences including smoking or bedding may be requested but are not guaranteed. We will do our best to honor guest requests, but they are based upon availability at time of check-in.

Check in time is 3:00pm and check out time is 12:00pm. Guests must present a valid photo ID at check in. We accept cash, check and major credit cards.

For Reservations Department Use Only:

Confirmation Number: \_\_\_\_\_ Agent: \_\_\_\_\_ Date: \_\_\_\_\_